

TOWN OF WETHERSFIELD

APPLICATION FOR ADDITIONAL EXEMPTIONS

FILING PERIOD: FEB 1 to OCT 1 ☐ MARRIED ☐ UNMARRIED ______ DATE OF BIRTH______ SOC. SEC. #_____ NAME SPOUSE NAME______ DATE OF BIRTH_____ SOC. SEC. #_____ ADDRESS PHONE CITY, STATE, ZIP DID YOU FILE A FEDERAL INCOME TAX RETURN? \square NO ☐ YES DO YOU SHARE OWNERSHIP OF THE PROPERTY? ☐ YES ☐ NO IF YES, NAME INCOME RECEIVED DURING THE 2019 CALENDAR YEAR a. TAXABLE INCOME - Examples: Wages, bonuses, commission, fees, lottery winnings taxable portion of annuities & pensions (incl. veteran's), interest, dividends, net rent or proceeds from sale of property, etc. If you are required to file a Federal Income Tax return, enter the amount of gross income and attach a copy of the return to this certificate. NON-TAXABLE INTEREST – Example: Interest from tax-exempt government bonds. c. SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME d. ANY INCOME NOT REFLECTED IN ABOVE - Examples: supplemental Social Security Income, public assistance payments, excludable portion of dividends per IRS, etc. Other income, specify: e. TOTAL lines a. through d. Are you presently receiving a 100% disability rating from the Veteran's Administration? \square YES \square NO The Applicant deposes that the above statements are true and complete and claims a property tax exemption under provisions of the General Statutes, and that he/she is not receiving a State exemption in accordance with Public Act 85-**APPLICANT'S** 573 in any other Town or City. The signature below indicates that this affidavit has been read and understood. **AFFIDAVIT** SIGNATURE OF APPLICANT OR AGENT RELATIONSHIP OF AGENT STOP!! DO NOT WRITE BELOW THIS LINE - FOR ASSESSOR USE ONLY Applicant is receiving the following exemptions: VETERANS \$_____ DISABLED VETERAN \$_____ TOTAL DISABILITY \$_____ BLIND \$____ or surv, spouse or surv. Spouse Qualifying Income (line e. above): **Indicate Income Level Used:** TOTAL DISABILITY \$ BLIND \$____ Additional Exemption(s) Allowed: VETERAN \$ or surv, spouse CODE:_____ CODE: CODE: ____ TOTAL \$ **TOTAL Additional Exemptions Allowed:** \square PP □MV# **Exemption Applied to:** □RE# ☐Supp MV# I AM SATISFIED THAT THE ABOVE NAMED APPLICANT MEETS ALL STATUTORY REQUIREMENTS THE CLAIM IS DISALLOWED FOR THE FOLLOWING REASON: ASSESSOR'S SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR STAFF DATE **AFFIDAVIT**